Company Tracking Number: AR DPR 2010

TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other

Product Name: AR DPR 2010

Project Name/Number: AR DPR 2010/AR DPR 2010

## Filing at a Glance

Company: Kanawha Insurance Company

Product Name: AR DPR 2010 SERFF Tr Num: HUMA-126858301 State: Arkansas
TOI: L04G Group Life - Term SERFF Status: Closed-Approved-State Tr Num: 47056

Closed

Sub-TOI: L04G.500 Other Co Tr Num: AR DPR 2010 State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Antoine Stewart, John

Goodwin

Date Submitted: 10/15/2010 Disposition Status: Approved-

Closed

Disposition Date: 10/19/2010

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

Filing Type: Form

#### **General Information**

Project Name: AR DPR 2010 Status of Filing in Domicile:
Project Number: AR DPR 2010 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Small and Large

Overall Rate Impact: Group Market Type: Employer

Filing Status Changed: 10/19/2010 Explanation for Other Group Market Type:

State Status Changed: 10/19/2010

Deemer Date: Created By: John Goodwin

Submitted By: John Goodwin Corresponding Filing Tracking Number: AR

**DPR 2010** 

Filing Description:

Cover letter under Supporting Documentation tab.

## **Company and Contact**

#### **Filing Contact Information**

John Goodwin, Senior Compliance Analyst jgoodwin@compbenefits.com
100 Mansell Court E. 770-998-8936 [Phone] 88065 [Ext]

Company Tracking Number: AR DPR 2010

TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other

Product Name: AR DPR 2010

Project Name/Number: AR DPR 2010/AR DPR 2010

Suite 400

Roswell, GA 30076

**Filing Company Information** 

Kanawha Insurance Company CoCode: 65110 State of Domicile: South Carolina

210 South White Street Group Code: 119 Company Type:
Lancaster, SC 29721 Group Name: State ID Number:

(800) 635-4252 ext. [Phone] FEIN Number: 57-0380426

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# **Filing Fees**

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: Form-Rider

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Kanawha Insurance Company \$50.00 10/15/2010 40759382

Company Tracking Number: AR DPR 2010

TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other

Product Name: AR DPR 2010

Project Name/Number: AR DPR 2010/AR DPR 2010

## **Correspondence Summary**

## **Dispositions**

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	10/19/2010	10/19/2010

SERFF Tracking Number: HUMA-126858301 State: Arkansas
Filing Company: Kanawha Insurance Company State Tracking Number: 47056

Company Tracking Number: AR DPR 2010

TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other

Product Name: AR DPR 2010

Project Name/Number: AR DPR 2010/AR DPR 2010

## **Disposition**

Disposition Date: 10/19/2010

Implementation Date:
Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HUMA-126858301 State: Arkansas
Filing Company: Kanawha Insurance Company State Tracking Number: 47056

Company Tracking Number: AR DPR 2010

TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other

Product Name: AR DPR 2010

Project Name/Number: AR DPR 2010/AR DPR 2010

Schedule Item Status Public Access **Schedule** Schedule Item **Supporting Document** Flesch Certification Yes **Supporting Document** Application No **Supporting Document** Cover Letter Yes **Supporting Document** Statement of Variability Yes **Form** Domestic Partner Rider Yes

Company Tracking Number: AR DPR 2010

TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other

Product Name: AR DPR 2010

Project Name/Number: AR DPR 2010/AR DPR 2010

## Form Schedule

Lead Form Number: 1702

Form	Form Type Form Name	Action	Action Specific	Readability	Attachment
Number			Dala		
1702	Policy/Cont Domestic Partner	Initial			AR DP
	ract/Fratern Rider				Rider.pdf
	al				
	Certificate:				
	Amendmen				
	t, Insert				
	Page,				
	Endorseme				
	nt or Rider				
	Number	Number  1702 Policy/Cont Domestic Partner ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme	Number  1702 Policy/Cont Domestic Partner Initial ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme	Number  Policy/Cont Domestic Partner Initial ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme	Number  Policy/Cont Domestic Partner Initial ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme



#### KANAWHA INSURANCE COMPANY

#### **Domestic Partner Rider**

The Certificate issued by the Company to the Policyholder is hereby amended, effective upon receipt of this Rider, as follows:

The terms and conditions of that certain Certificate are hereby confirmed in their entirety with the exception that to the extent the terms and conditions of this Rider are in conflict with the terms and conditions of the Certificate, the terms of this Rider shall govern.

#### **Domestic Partners**

A domestic partner of the Certificateholder is an Eligible Dependent if:

- 1) the domestic partner has lived with the Certificateholder at the same regular residence and been each other's sole domestic partner continuously for a minimum of six (6) months and intends to continue such indefinitely;
- 2) is not legally married to anyone else;
- 3) is 18 years of age or older;
- 4) is not related to the Certificateholder; and
- 5) is financially interdependent with Certificateholder.

The domestic partner may be the same or opposite sex as the Certificateholder.

It is agreed and acknowledged that this Rider shall be effective upon receipt by Certificateholder.

As used in this Rider, the term "Certificateholder" means the [Covered Employee][policyholder] covered under the Policy.

Accepted by Kanawha Insurance Company

Rv.

[R. Dale Vaughan]

[President]

Company Tracking Number: AR DPR 2010

TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other

Product Name: AR DPR 2010

Project Name/Number: AR DPR 2010/AR DPR 2010

## **Supporting Document Schedules**

Item Status: Status

Date:

Satisfied - Item: Flesch Certification

Comments: Attachment:

Compliance Cert..pdf

Item Status: Status

Date:

Satisfied - Item: Cover Letter

Comments: Attachment:

AR DP Cover Letter.pdf

Item Status: Status

Date:

Satisfied - Item: Statement of Variability

Comments: Attachment:

SVO Domestic Partner Rider3.pdf

# CERTIFICATION OF COMPLIANCE Arkansas Rule and Regulation 19

- I, R. Dale Vaughan, President, Kanawha Insurance Company, hereby certify that I have authority to bind and obligate the company by the filing of this form. I further certify that, to the best of my knowledge, information and belief:
- (a) The accompanying form as identified above does comply with all applicable provisions of the Arkansas Rule and Regulation 19; and
- (b) The form does meet the Flesch reading ease test for a score of 40 for all applicable policies, certificates and certificate riders unless the Commissioner of Insurance of the State of Arkansas requires a lower score;

Form(s): 1702

President

R. Hole Varyham

10.13.2010 Date



Kanawha Insurance Company 210 South White Street Lancaster, South Carolina 29720 800-635-4252 Toll-free

NAIC COMPANY CODE 65110 FEDERAL TAX ID #57-0380426 NAIC GROUP CODE 000

October 15, 2010

Commissioner
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201

RE: Kanawha Insurance Company

Domestic Partner Rider- Form No. 1702

#### Dear Commissioner:

Kanawha Insurance Company is submitting the above captioned form for the Department's review and approval. The form is new and will be used with the previously approved Group Term Life product (Form No.8010 6/05, et. seq.) approved by the Department on 7/29/2005.

In addition, the Domestic Partner Rider is a multi-purpose form and will be used with all of Kanawha's previously approved health and life group and individual products that do not include a definition of Domestic Partner.

The form is in final print, subject to minor variations in formatting, duplexing, shading and fonts. While every effort is made to submit filings without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval. The Company will provide you a highlighted copy of any corrections it makes for your records.

This filing is a "Forms Only" filing. The above referenced form is new and does not replace any previously approved form. There is no rate impact as a result of this form filing.

Thank you for your attention to this filing. If you should have any questions, please contact me at 770.998.8936 Ext. 88065. My email address is jgoodwin5@humana.com.

Sincerely,

John Goodwin Analyst

# **Domestic Partner Rider Statement of Variability**

Company information (i.e. address, phone number, etc.) is variable. This language is bracketed to allow for a change of address and phone number.

The name and title of the corporate officer is variable to allow for administrative changes.

Bracketed sections vary to the extent that such information may be included or omitted subject to: (a) any statutory or regulatory requirements; and (b) the condition that the language and benefit be within the intent and framework of the particular section(s).